

Instructions for claimant

Use this form to apply for safe leave if you can't access the services in the safe leave qualifying life events list below, or if you are concerned for your own safety or the safety of your child. Do not use this form if you are submitting other documentation showing you qualify for safe leave.

Complete this form by first filling in the claimant information section. Next, give this form to **one** of the following to fill out the verification section:

- Law enforcement officer
- School Title IX coordinator
- Attorney
- Health care provider
- Licensed mental health professional or counselor
- Member of the clergy
- Victim services provider

These are all people who can document that you or your child were or are undergoing treatment or counseling, obtaining services, or relocating as a result of sexual assault, domestic violence, harassment, or stalking.

Once the form is complete, send it to Paid Leave Oregon or upload it to your Frances Online account at frances.oregon.gov.

Instructions for the person filling out the verification section

The claimant will use this Verification of Safe Leave Form to verify their life event under safe leave to apply for Paid Leave Oregon benefits.

Please review the information below to make sure you can verify this information and that you understand when a claimant can qualify for safe leave (*see the list of qualifying life events below*).

Safe leave qualifying life events

A person is covered under safe leave if **any** of the following examples apply to them:

- They or their child need legal assistance or help from the police to protect themselves or their child's health and safety. This includes preparing for and participating in court hearings that are related to sexual assault, domestic violence, harassment, or stalking.

- They or their child needs medical treatment or to recover from injuries that were caused by sexual assault, domestic violence, harassment, or stalking.
- They or their child are getting counseling from a mental health professional because of an experience with sexual assault, domestic violence, harassment, or stalking.
- They or their child are getting services from a victim services provider because of an experience with sexual assault, domestic violence, harassment, or stalking.
- They need to move or make their current home secure to protect themselves or their child's health and safety.

If the safe leave involves their child, the child must be under the age of 18 to be covered under safe leave. If they are older than 18, they need to be a dependent adult with a physical or mental disability that limits their ability to live independently.

CLAIMANT INFORMATION *(To be completed by claimant)*

First name: _____

Last name: _____

Social Security Number (SSN): _____ or

Individual Taxpayer Identification Number (ITIN): _____

Date of birth (MM/DD/YYYY): ____ / ____ / ____

I am taking leave:

- for self-care
 to care for a child under 18 years old
 to care for a child 18 years or older

Verification Section *(To be filled out by one of the following)*
LAW ENFORCEMENT OFFICER *(To be completed by a law enforcement officer)*

First name: _____

Last name: _____

Title: _____

Rank/division: _____

Badge number: _____

Department/agency: _____

Phone number: _____

Email address: _____

- This is a safe leave related situation
 This is not a safe leave related situation

 Signature

 Date

TITLE IX COORDINATOR <i>(To be completed by a Title IX coordinator)</i>	
First name:	Last name:
Title:	Date of contact:
School district/college/university:	Department/program:
Phone number:	Email address:
<input type="checkbox"/> This is a safe leave related situation <input type="checkbox"/> This is not a safe leave related situation	
<hr/> <div style="display: flex; justify-content: space-between;"> Signature Date </div>	

OTHER <i>(To be completed by an attorney, health care provider, licensed mental health professional or counselor, member of the clergy, or victim services provider that helped the claimant receive treatment, receive counseling services, or relocate as a result of domestic violence, harassment, sexual assault, or stalking.)</i>	
First name:	Last name:
Title:	Date of contact:
Profession:	License number <i>(if relevant)</i> :
Employer name:	
Phone number:	Email address:
<input type="checkbox"/> This is a safe leave related situation <input type="checkbox"/> This is not a safe leave related situation	
<hr/> <div style="display: flex; justify-content: space-between;"> Signature Date </div>	

Provide all required information. Missing information and documentation can cause a delay in processing your application for benefits.

This form is to be used for Paid Leave Oregon and FMLA/OFLA;

If applying for PLO, upload this completed form to your Frances Online account at frances.oregon.gov once you have filed for benefits or mail this completed form with your Paid Leave Oregon application for benefits to:

**Attn: Paid Leave Oregon
Oregon Employment Department
875 Union St NE
Salem, OR 97311**

If you are applying for protected leave with the City of Salem, please send your completed form to protectedleave@cityofsalem.net or fax it to 503-588-6170

Need help?

The Oregon Employment Department (OED) is an equal opportunity agency. OED provides free so you can use our services. Some examples are sign language and spoken-language interpreters, written materials in other languages, large print, audio, and other formats. To get help, please call 833- 854-0166 (toll free). TTY users call 711. You can also send an email to paidleave@oregon.gov